

# WA STATE DOH MCH ORAL HEALTH PROGRAM LOGIC MODEL

## INPUTS

### Existing Infrastructure

- MCH Oral Health (OH) Program Staff
- MCH Assessment Staff
- Advisory Groups: 1)MCH, 2)DOH, 3)LHJs
- National organizations: ASTDD, CDC & HRSA for Funding and Technical Assistance

### State stakeholders:

- Local Health Jurisdictions (LHJs) Oral Health Programs
- Local and State Oral Health Coalitions
- State Agencies: UW, DSHS, HCA, CTED, etc.
- State educational institutions: UW Dental School; 8 Dental Hygiene Schools; 7 Dental Assistant Programs
- Professional organizations: WA State Dental Association; WA State Dental Hygiene Association; WA State Dental Assistant Association; WA State Medical Association
- WA State Association of Community and Migrant Health Centers
- Washington Health Foundation, Dental Service Foundation
- Others

## ACTIVITIES

### Assessment

- Assess oral health status, needs, determinants and resources, and fluoridation status
- Develop statewide OH surveillance system and burden document
- Evaluate, document and share State program accomplishments, best practices, and lessons learned

### Policy Development

- Provide leadership to address oral health problems by maintaining a strong OH unit within the agency
- Mobilize community partnerships (within and outside OH) & coalitions
- Develop plans and policies through a collaborative process, such as a MCH OH Plan and a State OH Plan with monitoring/evaluation components

### Assurance

- Inform and educate policymakers and the public regarding oral health problems and solutions
- Support preventive services/programs: fluoride, sealants, OH education (Bright Futures), tobacco cessation, dietary choices, injury prevention, drug use (meth), diabetes and CVD, cancer screening, emergency preparedness, infection control
- Strengthen the role of Local Health Jurisdictions (LHJs) through technical assistance and training
- Link people (referrals) to needed population-based and personal services through LHJs
- Evaluate effectiveness, accessibility, and quality of population-based and personal oral health services (program evaluation)
- Promote and enforce laws and regulations that protect and improve OH, ensure safety, and assure accountability for the public's well being

## OUTPUTS

- Sustainable surveillance system that provides data for evidence-based plans and programs
- Publicly available document that describes the burden of oral disease in the state
- Increased role and capacity at State MCH Oral Health Program
- Workgroups related to DOH, MCH, LHJs, and state oral health issues
- More local coalitions with an active voice at the state coalition
- A stronger and well-represented state coalition
- A strong Interagency Oral Health Group
- A State OH Plan that proposes effective solutions for the state and local burden of oral disease, is embraced by all partners in the state, and has clear instructions for implementation, monitoring, and evaluation
- More policies that positively impact oral health, such as the State Plan
- Communication activities that raise awareness of oral health issues and consequently enhance support to oral health
- Partnerships at the government, community and professional levels that work collaboratively towards the improvement of the state's oral health system
- Increased leadership at the LHJ level: LHJs are well trained, are empowered to act in their communities and make appropriate program management decisions
- A referral system that connects all the oral health resources in the state
- Increased number of population- based preventive interventions (fluoridation, sealants, tobacco cessation, diet, cancer screening, personal hygiene, referrals to providers)
- Sustainable funding sources

## OUTCOMES

- Accomplishment of state & national oral health objectives
- Increased presence and support of State OH Program to other oral health initiatives
- Increased use of evidence and evaluation results in decisions related to policies and program development
- Increased number of prevention programs and people served (access)
- Increased awareness of public and policymakers leading to improved attitudes/behaviors and supportive legislation
- Increased integration of OH into general health and other areas
- Increased number and diversity of workforce working together towards improvement in oral health
- Better coordinated and more effective state oral health system

## IMPACT

Improved general health and quality of life;  
Reduced disparities in oral health outcomes